FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEC Mail Mail Processing Section

MAY 12 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number:

Expires: May 31,2008
Estimated average burden hours per response.....16.00

SEC USE ONLY									
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Name of Offeringshind checkrifthis is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08048662
Coraticum Investment fund, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
S705 South Cottonwood Cone, Holloclay, UT 84117 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	801-824-220S Telephone Number (Including Area Code)
Brief Description of Business	** · · · · · · · · · · · · · · · · · ·
Type of Business Organization	curities of publically traded companies. DDOOTOTOTO
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	THOMSON REUTERS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 203	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplent be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	•

	A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information requested for the fo	ollowing:			
 Each promoter of the issuer, if the is 	ssuer has been organized w	ithin the past five years;		
 Each beneficial owner having the poven 	wer to vote or dispose, or dis	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
 Each executive officer and director 	of corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner	of partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Johnson, Jennifer Full Name (Last name first, if individual)				
S705 South Cottonwood Business or Residence Address (Number and	Lane, Hollad I Street, City, State, Zip Co	lay, UT 84	1117	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Prometer	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	1 Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	f Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	1 Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				·
Business or Residence Address (Number and	1 Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	·			
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
(Use bl	ank sheet, or copy and use	additional copies of this s	heet, as necessary)

				B. 17	NFORMATI	ION ABOU	T OFFERI	NG				
. Has the	issuer sold	l or does th	ne issuer ir	itend to se	ll. to non-a	ccredited i	nvestors in	this offeri	ng?		Yes	No
. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.												
. What is the minimum investment that will be accepted from any individual?										s 25	0,000	
***************************************	,			00 2000	prod nom e	,					Yes	e No
Does th	e offering	permit join	ownershi	p of a sing	le unit?	••••••			····			
commis If a pers or state	ssion or sim son to be lis	ilar remune ted is an ass ime of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering, with a state sons of such		
ıll Name (Last name	first, if indi	vidual)									
usiness or	Residence	Address (N	umber and	Street, Ci	itv. State. 7	in Code)						
2511635 61		. 144. 655 (,,							
ame of As	sociated Br	oker or De	aler									
ataa in W	hich Person	Listed Uni	Soliaitad	or Intende	ta Caliait I	Purobacaro	·					
												l States
(Check	An States	or circu	morviduai	otates,	***************************************							
AL II. MT	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
ıll Name (Last name	first, if ind	ividual)									
usiness o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
ame of As	sociated Br	oker or De	aler									
ates in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	" or check	individual	States)							□ Al	States
AL IL MT RI	AK IN NE SC	AZ [A NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
ull Name	Last name	first, if ind	ividual)								•	
usiness o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
ame of As	sociated Bi	oker or De	aler									
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	hich Persor "All State:										□ AI	l States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s —	s —
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)	s —	s
	Partnership Interests		\$ 8 045,000
	Other (Specify)	• •	
	Total	(10 0,00 0 ,000	<u>~</u> (₹₹₹ ₽ ₹.045,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Augrangto
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		8 <u>8,045,80</u> 0
	Non-accredited Investors		<u> </u>
	Total (for filings under Rule 504 only)		\$ <u>8,045,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		5
	Regulation A		3
	Rule 504		\$ \$ 0.00
	Total		\$ <u></u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	\$
	Legal Fees		\$ 10,000,00
	Accounting Fees		\$
	Engineering Fees	_	<u> </u>
	Sales Commissions (specify finders' fees separately)		<u> </u>
	Other Expenses (identify) Blue sky filings	-	\$ 1,000.00
	, <u>- </u>		A 40

and t	Enter the difference between the aggregate offeritotal expenses furnished in response to Part C — Geeds to the issuer."	Question 4.a. This	difference is the "adj	justed gross		\$ 8 ,0	34,000
each chec	cate below the amount of the adjusted gross pro of the purposes shown. If the amount for any isk the box to the left of the estimate. The total of needs to the issuer set forth in response to Part	purpose is not kr the payments listed	nown, furnish an es I must equal the adj	stimate and			
				(Di	yments to Officers, rectors, & Miliates		yments to Others
Sala	ries and fees					_ 🗆 \$_	
Purc	chase of real estate		•••••	🗆 \$_		_ 🗆 \$_	
Purc and	chase, rental or leasing and installation of macl	hinery		🗀 \$_		_ 🗆 \$_	
Con	struction or leasing of plant buildings and faci	lities		\$_		_ 🗆 \$_	
offe	uisition of other businesses (including the valuring that may be used in exchange for the asse er pursuant to a merger)	ts or securities of	another			□\$	-
	ayment of indebtedness			_			
	king capital			_		_	
	er (specify):						
				🗀 \$_		_ 🗆 \$_	
Coli	umn Totals			\$_(0.00	_ 🗆 \$_	0.00
Tota	al Payments Listed (column totals added)				□ \$ <u></u> 0	.00	
	***	D. FEDERAL	SIGNATURE				
gnature	er has duly caused this notice to be signed by the e constitutes an undertaking by the issuer to fur mation furnished by the issuer to any non-accr	nish to the U.S. Se	curities and Exchar	nge Commission,	upon writt		
ssuer (P	rint or Type)	Signature		Date			
1 orat	icum Investment Fund, L.P.	tenniter	thuson	5/	8/2	800	
	Signer (Print or Type)	Tele of Signer	rint or Type)				
1000	ifor Johnson	Managera	fint or Type) f the gener	al partner.	Constic	um A	sset Man

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No P						
	See Appendix, Column 5, for state response.								

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Issuer (Print or Type) Coraticum Investment Fund, L.P Name (Print or Type)	buniter thus on	5/8/2008	
Name (Print or Type)	Tiple (Print or Type)		
Jennifer Johnson		ral partner, Coratium Asset Managemen	nt
	0 . 1	0 4	LĆ

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Yes No Yes State No Amount Amount ΑL ΑK AZAR CA co CT DE DÇ FL GA Ш ID IL IN lA KS ΚY LA ME MD MA ΜI MN MS

4 2 1 Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM NY NC ND ОН OK OR PΑ RΙ SC SD TN TX8,045,000 Partnership interests \$100,000,00 UT 0 VT. VAWA wv Wi

APPENDIX

APPENDIX										
1 2 3 4 5 Disquali										
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULG (if yes, attach explanation of waiver granted (Part E-Item 1		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		/								
PR										

